A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Stated EXACTLY. PHYSICIANS. BINDING TION is very important. See instructions on back of certificate. FOR WITH UNFADING INK-THIS IS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

8

| 1. PLACE OF DEATH  | (1262)   |
|--|--|
| County Kent  | Registration Dist. No.   |
| Village or City  | No. St., Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number)   |
|  | ds. How long in U.S. if of foreign birth?yrs,mosds.  |
| 2. FULL NAME Ellsworth ( 12000e  |  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORGED (write the word) Willower  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of Sle Hepbron (deceased)   | 22. I HEREBY CERTIFY That Pattended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) Feb. 14 1862   | Crast saw harmalive on Jack 8, 183; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 64.m.  |
| 71 4 25   I day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Contractor + Builder  | Ochem of lings Date of onset   |
| kind of work done, as SPINNER, Contracts & Builder SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and |  |
| 10. Date deceased last worked at this occupation (month and year)  |  |
| 12. BIRTHPLACE (city or town) / A A Parsland.  | Other Coutributory Causes of importances   |
| II 13. NAME Thomas & Boundary  |  |
| 14. BIRTHPLACE (city or town)  | Name of operation Date of  |
| (State or country)   | What test confirmed diagnosis? Claude Was there an autopsy?  |
| 15. MAIDEN NAME Jusan Kelly  | 23. If death was due to external causes (VIDL ENCE) fill in also the following:  |
| 15. MAIDEN NAME Sugan Kelly  | Accident, suicide, or homicide? Date of injury, [9   |
| (State or country) / Cent C. Thank   | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT (Address)  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION OR REMOVAL   | Manner of injury   |
| Place Stall frak Date July 11, 1933  | Nature of injury   |
| 19. UNDERTAKER Clas & hoold (Address) Cheskerton, Inc.   | 24. Was disease or injury in any way related to occupation of deceased?  |
| hely 10 23 Allolas to  | If so, specify (Signed)  M. D. |
| 20. FILED Registrar.   | (Address) Clare Corthon  |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows; | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               | MISOSIAISIOS MI  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | L             |

V. S. No. 1

| STATE OF | MARYLAND—CERTIFICATE | OF | DEATH |
|----------|----------------------|----|-------|
|----------|----------------------|----|-------|

| 13 | pay | 10 | 0 | (1) |
|----|-----|----|---|-----|
| 0  | 1   | 1  | ħ | . { |
| U  | 0   | 4  | U | 63  |

| 1. PLACE OF DEATH  | (8)cL)   |
|--|--|
| County Kent  | Registration Dist. Np. 202   |
| Village or City Christertown   | Man. St., Ward   |
|  | / (If death occurred in a hospital or institution, give its NAME instead of street and number)   |
| Length of residence in city or town where death occurredyrs  | mosds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Collean   | S. Corroll.  |
| (a) Residence: Np. Chesterlown   | McC- Ward.   |
| (Usual place of abode)   | / If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULAR  | S MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE OR, DIVORCED (write the   | word)  |
| Male Wall bidon  |  |
| 5a. If married, widowed, or divorced HUSBAND of  |  |
| (or) WIFE of Mrs. Ituriella Ca   | 1 HEREBY CERTIFY, That I attended deceased from 1925 to July 3 1933  |
| 6. DATE OF RIRTH (month day and year) 21/ and 19/8   | 49. I last saw him alive on fully 3, 1933; death is said   |
| o. Date of Bikin (month, day, and year)  | SS than to have occurred on the date stated above, at 10.52 P.m.   |
| S c/ 1 day,  | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| 7 101  | min. were as follows: Date of onset  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and |  |
| 9. Industry or business in which Carbouler   | and the second   |
| a. work was done, as SILK MILL, SAW MILL, BANK, etc.   | Misto Acceptante   |
| 10. Date deceased last worked at this occupation (month and spent in this  |  |
| year) occupation   |  |
| 12. BIRTHPLACE (city or town) - Wayland  | Other Coutributory Causes of importance:   |
| (State or country)   | so d Ar  |
| 13. NAME John Mr. Carral   | 1  |
| 13. NAME John W. Carroll 14. BIRTHPLACE (city or town) May loud  | Name of operation  |
| (State or country)   | Name of operation Date of What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME ME STORY PARIS   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Magie Poecies  16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury 19  |
| (State or country)   | Where did injury occur?  |
| Miss Me a Co   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 17. INFORMANT (Less Along Carro (Address) & end only Carro   | al specify wildlife injury occurred in Industry, in Home, of in Public Place.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Chesler Coulley Date July 6  | , 19 3.3 Nature of injury  |
| Cl. Al Kalan   |  |
| 19. UNDERTAKER CLAS. ST. ACCOUNTS (Address) Chosle Il rem M.   | 24. Was disease or injury In any way related to occupation of deceased?  |
| 0.0 F 22 W/T 7   | (Signed) A Denge Simmon S M D  |
| 20. FILED JULY 3 , 19.3 3  | gistrar. (Address) Sheath town 1   |
| NQ.  | (Mulicoo) - Let Later Verta Kall and Later |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i de          | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Artériosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

S. No. 1

>

N. B

| PLACE OF DEATH  | STATE OF MARYLAND  |
|---|--|
| County Kent   | CERTIFICATE OF DEATH   |
| reme Millington (No   | St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| male Colored.  5 SINGLE: MARRIED: Wildower. WIDOWCED (Write the word)   | 16 DATE OF DEATH JULY 10, 1933  (Month) (Day) (Year)   |
| Day) (Year)   | 17 I HEREBY CERTIFY, That I attended the deceased from  May 1923. to July 10, 1923,  that I Just saw h waslive on 1923,  |
| 7 AGE  50 yrs. 2 mos. 16 ds. or min.?   | The CAUSE OF DEATH * was as follows:   |
| a) Trade, profession or James.  |  |
| business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Caroline Co., Md,                 | Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (M. D.  (M. D.  (Address)  (Address)   |
| OF FATHER (State or country)  12 MAIDEN NAME O / O O O O  | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| of MOTHER Hamel Collister  13 BIRTHPLACE OF MOTHER (State or Country)  Md.  | At place of death yrs  |
| (Informant) Elbert F. Duelsery  | Former or usual residence  |
| (Address) Millington, Md.  15 Filed July 11-1932 Ulgranth Buce Registrar  If more branks are needed, address tate Registrar | Chesterulle. Md. July 12, 1913 20 UNDERTAKER John G. John Van Millington, Ma 16 W. Saratoga St., Balto., Requesting V. S. No. 1.   |

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). should be used only when needed. tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House laborer, Farm laborer. Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Huemorrhage, stated unless important. as fracture of skull, and consequences (e g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, etc. American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart Example: Measles (disease affection need Nomenclature of the The contributory not be disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—)

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 07265   |
|--|--|
| 1. PLACE OF DEATH  | . (23)   |
| County Rasit   | Registration Dist. No.   |
| Village or Chy Millinglone   | No. St., Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| 01 L11 H   | ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME / Lovet A. Four   | elaire.  |
| (a) Residence: No. Mulling (Usupplace of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (bay)  (Year)   |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of   | (100)  |
| (or) WIFE of Connie F. Frountain   | 1 HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) Quy 13 180 8   | I falt saw h sate alive on face (1) (19) ; death is said   |
| 7. AGE Years Months Oays If LESS than  | to have occurred on the date stated above, at 2 30 Pm.   |
| 5-2 1 29 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8 Trade profession or particular   | Inbustosia 9/1/12  |
| kind of work done, as SPINNER, Laborner SAWYER, BOOKKEEPER, etc Laborner   | 14-5   |
| 9. Industry or business in which work was done, as SILK MILL, Faure SAW MILL, BANK, etc.   |  |
|  |  |
| O 10. Date deceased last worked at this occupation (month and year) year)  |  |
| 7.00.00  | Other Coatributory Causes of importance:   |
| 12. BIRTHPLACE (city or town)  | - Americales Menageles (1272)  |
| 13. NAME Showing & Forestone   |  |
| 13. NAME Thomas & Foundame   | Name of a social and   |
| 4 14. BIRTHPLACE (city or town)  | Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?                                     |
| 15. MAIOEN NAME Staniel - Treads   | What test confirmed diagnosis?   |
| 15. MAIOEN NAME Spaniel Meads  16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country) Kent Ev. md.  | Where did injury occur?  |
| 17. INFORMANT Cimie Fountain   | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Millington Col. Emoate July 11:1933  | Manner of injury   |
| 19. UNOERTAKER The Hand Good (Address) Classical Nacional | Nature of injury  24. Was disease of injury in any way related to occupation of deceased?                          |
| 20. FILEO 7/18 , 19.29 Ma Grace Registrar.   | (Signed) Merrit Brue M. D.  (Address) Mullington, Mea-   |
|  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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| Example I   | 1111            | Example II   |               |
|---|-----------------|--|---------------|
| The principal cause of death and related cause of importance were as follows: | S Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915            | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | . 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927     | Peritonitis  | 3 days ago    |
|   |                 |  |               |
| Other contributory causes of importance:                                      |                 | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923      | Gastroenteritis  | 1 year        |
|   |                 |  |               |
|   |                 |  |               |

| ADDITIONAL SP | ACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|---------|---------|------------|----|-----------|
|---------------|---------|---------|------------|----|-----------|

FOR BINDING

MARGIN RESERVED

V. S. No. 1 B

| 1. P              | LACE OF DEA                               | TH .                      |                |                                    | (1/2)   |                  |
|-------------------|---|---------------------------|----------------|------------------------------------|---|------------------|
| (                 | County // e                               | ut.                       | $\omega$       | 7                                  | Registration Dist. No. 20   | 4.               |
| 1                 | Village or City                           | Fairle                    | ee le          | ellestom                           | No. St.   | Ward             |
|                   | ,,,,,                                     |                           | 5              | 7                                  | death occurred in a hospital or institution, give its NAME instead of street and n                                | umber)           |
|                   | Length of residence in c                  | ity or town where         | death occurred | yrsmos                             | ds How long in U.S. if of foreign birth?yrsmo   | sds.             |
| 2. F              | ULL NAME                                  | Daza                      | he d           | 1. Exc                             |   |                  |
|                   | (a) Residence: No                         | 20                        | rules          |                                    | St., Ward.  |                  |
|                   |   |                           | (Usual place   |                                    | If nonresident give city or town and  | State            |
|                   | PERSONAL AN                               |                           |                |                                    | MEDICAL CERTIFICATE OF DEATH  |                  |
| 3. SEX            | 4. COLO                                   | OR OR RACE                |                | RIED, WIDOWED,  O (write the word) | 21. DATE OF DEATH   | 102 3            |
| 2/20              | rall 18                                   | u                         | mi             | rued                               | (Month) (Oay)   | (Year)           |
| HU                | arried, widowed, or divi<br>SBANO of      | orced                     | 11.11          |                                    | 22.   I HEREBY CERTIFY, Thet lattended of   | deceased from    |
| (or               | WIFE of                                   | su -                      | ricks          |                                    | april 1931 to bus 13  | 19 2             |
| 6 DATE            | OF BIRTH (month, da                       | y and wart                | make           | men                                | 0 10 10 10  | : death is said  |
| 7. AGE            | Years                                     | Months                    | Oays           | If LESS than                       | to have occurred on the date steled above, at 10. m.  | , acatin to care |
|                   | 53  |                           |                | 1 day,hrs.                         | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   | 11               |
| _   8.            | Trade, profession, or p                   | particular                | 1              | 1 ormin.                           | were as follows:  | Date of onset    |
| NO N              | kind of work done<br>SAWYER, BOOKKE       | as SPINNER,<br>EPER, etc. | Lauren         | work                               | acute mades estim.  | sulled           |
| OCCUPATION<br>10. | Industry or business i                    | n which                   |                |                                    | a   | 7.               |
| 3 2               | SAW MILL, BANK,                           | etc                       |                |                                    | Esnouls ins   |                  |
| 8 10.             | Oate deceased last wo this occupation (mo | onth and 14 30            | spai           | ime (years)                        |   |                  |
|                   | year)                                     |                           | 0031           | ipation                            | Other Contributory Causes of importance:  |                  |
|                   | THPLACE (city or town)                    | Men                       | 100            | 7                                  | gar.  |                  |
|                   | (State or country)                        |                           | 77/            | ra                                 | Chipman thatrello   | 1931             |
| HATH 14.          | NAME /                                    | uly                       | per            | wer                                |   |                  |
| ¥ 14.             | BIRTHPLACE (city or t                     | own)                      | eft Cl         |                                    | Name of operation Oete of   |                  |
|                   | (State or country)                        |                           |                | 114                                | What test confirmed diegnosis? Was there an e   | u¹opsy?          |
| 15.<br>16.        | MAIDEN NAME                               | ner                       | ne -           |                                    | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                    |                  |
| lo 16.            | BIRTHPLACE (city or t                     | own)_///                  | dur            | ell                                | Accident, suicide, or homicide? Date of injury  | , 19             |
| Σ                 | (State or country)                        |                           |                |                                    | Where did injury occur?   |                  |
| 17. INFO          | DRMANT LA                                 | w.                        | Kecks          | Kuchan                             | (Specify city or town, county and State<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE.              |
|                   | (Address)                                 | Merla                     | MANO           | 24                                 |   |                  |
|                   | IAL, CREMATION, OR                        | REMOVAL                   | ()             | Pula 22                            | Manner of injury  |                  |
|                   | Place Place                               | 7                         | Oete           | 919,1920                           | Nature of injury  |                  |
| 19. UNO           | ERTAKER M                                 | M, X                      | Mod            | d.                                 | 24. Was disease or injury in any way related to occupation of deceased?   |                  |
| N .               | (Address)                                 | cherl                     | erlama         |                                    | If so, specify  | 4                |
| 20. FILE          | phly 14                                   | 1935 7                    | N Im           | ut                                 | (Signed)  | M. D.            |
| 1                 | / / /                                     |                           |                | Registrar.                         | (Address) - Classed Address '   |                  |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |  |
|------------|-------|-----|---------|------------|----|-----------|--|
|            |       |     |         |            |    |           |  |

V. S. No. 1 B ż of OCCUPA-

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 07267   |
|---|--|
| 1. PLACE OF DEATH // 1  | (87-E)   |
| County Kent Co.   | Registration Dist. No.   |
| Village or City Maryland  | No. St., Ward  |
|   | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Frank M Maslin   |  |
| (a) Residence: No. Broad neck   | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| Mile while OR DIVORCED (write the word)   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Law  | 22. HEREBY CERTIFY, That I attended deceased from  |
| Mulion  | 193 S to 70 , 19 3 7 death is said   |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 27 / m.  |
| 8/ 8 // 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance  |
| 8 Trade profession or particular  | Date of onset  |
| kind of work done, as SPINNER, Oyslerman  | aghton   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  Occupation  |  |
| 12. BIRTHPLACE (city or town) Kent C. Mdy   | Other Contributory Causes of importance:   |
| (State or country)  13. NAME  The Marketine of the Country of the |  |
| 13. NAME  14. BIRTHPLADE (State of country)  (State of country)   | Name of operation Date of  |
| (State of Country)  | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Trans Q. Elles  16. BIRTHPLACE (city or town) (State or country)  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| O 16. BIRTHPLACE (city or town) (State or country)  | Accident, suicide, or homlcide?  |
| 12  | Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT AND AND MACK THE  | Specify whether injury occurred in INDUSTAT, in nome, of in Public Place.  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Place   | Nature of injury   |
| 19. UNDERTAKER Chasp L. Allodel   | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) Chestutus M.  | If so, specify   |
| 20 FILED SULY 27 19 3 2 W & At Ceker  | (Signed) M. D.   |

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               | Addugosa   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

|                | •   | Z<br>Z<br>Z      | 25     | エリ            | 71    | V F U  |      | ~<br>~ | MARGIN RESERVED FOR BINDING | 5  |
|----------------|---|------------------|--------|---------------|-------|--------|------|--------|-----------------------------|----|
| /RITE          | VRITE AINLY, WITH UNFADING INKTHIS IS A PERMANE   | TH UNI           | FADIN  | G 1           | NK-   | -THIS  | IS   | A      | PERMA                       | ZE |
| Item<br>S shot | Item of Information should be carefully supplied. ACE should be should state CAUSE CF DEATH in plain terms so that it may be it | Should<br>E CF D | be car | efuil<br>n pl | ly su | pplied | . AC | विष    | should<br>it may            | be |

S. No. 1

N. B.--

| PLACE OF DEATH | 187-0 |
|----------------|-------|
| ntyKent        |       |

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

| Village or City Chestertown (No. S. Kent St.: Ward)  2FULL NAME Margaret Ann McIntyre   | (if death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE C  | OF DEATH  |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED UP OR DIVORCED (Write the word) Married (Month).   |   |
| January 15 , 1854  (Month) (Day) (Year)  [17 I HEREBY CERTIFY, That I att  January 15 1953. to Jul  that I last saw h er alive on July  | y 15, 19233   |
| 7 AGE    If LESS than   and that death occurred on the date stated   The CAUSE OF DEATH * was as follows:    79 yrs. 6 mos. 5 ds.   or min.?  | l above, atm,   |
| B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  |   |
| 9 BIRTHPLACE (State or country)  Contributory Secondary   |   |
| 10 NAME OF FATHER James Lynch (Sjeded) Saul 3 (Address) (Address) (Address)   | Le town le  |
| OF FATHER  (State or country) Maryland  (State or country) Maryland | or, in deaths from njury and (2) Whether  |
| 12 MAIDEN NAME OF MOTHER Wilheminah Rasin  18 LENGTH OF RESIDENCE (For Hospi  |   |
| 13 BIRTHPLACE OF MOTHER (State or Country). Maryland  At place of deathyrsmosds. Sta  | teyrsmosds.   |
| (Informant) Mrs. Rosa O. Howard   | DATE OF BURIAL  |
| (Address) Chestertown, Md. Chester Cemetery  20 UNDERTAKER  Filed July 22 1983W.T. Hicks  R Filis Clark   | July 23 1933.   |

Cou

# REVISED D UNITED STATES STANDARD Consus and American Public States CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

statement of Occupation cupation is very important, so that the relative health-fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same discase. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> as tracture of skull, and consequences (e.g., or or or of letality) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on carbalic deid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age, Snock," Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; " "Marasmus," "Old Age," "Shock, Chronic valvular etc. The contributory Nomenclature heart disease; Mcasles;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. certificate is looked over thoroughly and a I qu stions

| Nodeath occurred in a hospital or institu | A DIABET                         | St.,Ward               |
|---|----------------------------------|------------------------|
|   | of foreign birth?yrs             |                        |
| us. How long in 0.0.11                    | n totergii bittii:yi\$           | us.                    |
| 1100                                      |                                  |                        |
| St., Ward.                                |                                  |                        |
|   | If nonresident give city or      | town and State         |
| MEDICAL C                                 | ERTIFICATE OF DE                 | ATH                    |
| 21. DATE OF DEATH                         | -2                               |                        |
| July                                      | (Month) (Day)                    | , 193 5                |
|   | (MOHEII) (Day)                   | (Year)                 |
|   | Y CERTIFY, That I                |                        |
| may 30                                    | , 19.3 3, 10 July                | 28 1933                |
| I last saw her alive on                   | rely 28                          | , 19_3년; death is said |
| to have occurred on the date state        |                                  |                        |
| The PRINCIPAL CAUSE OF DEA                |                                  | ince                   |
| were as follows:                          |                                  | Date of onset          |
| Se  | 1:0                              |                        |
| Jangrane of                               | The king                         | may 1933               |
|   |                                  |                        |
|   |                                  |                        |
|   | ,                                |                        |
| Other Coatributory Causes of imp          | ortance:                         |                        |
|   |                                  |                        |
|   |                                  |                        |
|   |                                  |                        |
| Name of operation                         |                                  | Date of                |
| What test confirmed diagnosis?            | ~ Was t                          | there an autoney? Ma   |
| 23. If death was due to external car      |                                  |                        |
|   |                                  |                        |
| Accident, suicide, or homicide?           | Date of injury                   | y, 19                  |
| Where did injury occur?                   | (Specify city or town, county    | y and State)           |
| Specify whether injury occurred 1         | n INDUSTRY, in HOME, or in PU    | BLIC PLACE.            |
|   |                                  |                        |
| Manner of injury                          |                                  | ***************        |
| Nature of Injury                          |                                  |                        |
| 24. Was disease or Injury In any w        | ay related to occupation of dece | ased? no               |
| If so, specify                            |                                  |                        |
| (Signal) THE Seas                         | e Simon a                        | -1 1                   |

(Address) \_\_\_\_.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE  | FOR  | FURTHER   | STATEMENTS | RY | PHYSICIAN |
|------------|--------|------|-----------|------------|----|-----------|
| UDDITIONVE | DI AUL | LOIL | L OTCLILL | STATEMENTO | DI | LHISICIAN |

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 0727  | )   |
|---|--|-----|
| 1. PLACE OF DEATH   | (FI)   |     |
| County Kent of  | Registration Dist. No. 202.  |     |
| Village or City near Chesler low  | No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)                                | d   |
| Length of residence in city or town where death occurredyrs,mos.  |  | s.  |
| 2. FULL NAME Laura Jones &  | tevus  |     |
| (a) Residence: No. nr. Chesterlown  | St., Mard.,  |     |
| (Usual place of abode)  | if nonresident give city or town and State   | _   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |     |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |     |
| truales white bidow   | (Month) (Day) (Year)   |     |
| 5a. If married, widowed, or divorced HUSBAND of   | 22.   HEREBY CERTIFY! That I attended deceased fro   | _   |
| (or) WIFE of Wow. Slevens   | Selly 27 1933 to I sely 3rd 1933   | 141 |
| 6. DATE OF BIRTH (month, day, and year) DEC. 24.1844  | Vlast saw har alive on Jacky 3 193 death is sa   | id  |
| 7. AGE Years Months Days If LESS than   | to heve occurred on the date stated above, at 12:3 9Am.  | 9   |
| 88 6 10 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |     |
| Q Trade profession or particular  | Date of onse   | t   |
| SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month end | Heat expansion   |     |
| 9. Industry or business in which work was done, as SILK MILL, Housewife SAW MILL, BANK, etc.  | lie m  | -   |
| SAW MILL, BANK, etc.  | Olletona Mirous.   |     |
| 10. Date deceased last worked at this occupation (month end year) spent in this occupation  |  |     |
| A   | Other Contributory Causes of importance:   |     |
| 12. BIRTHPLACE (city or town) - Manager (State or country)  | folia i in Mana I F : 100  | -   |
| 1   | Tellasnic Myroardets 1930  | -   |
| 100   |  |     |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation  |     |
| 15. MAIDEN NAME Haves Scott   | What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill In also the following: | -   |
|   | Accident, suicide, or homicide? Date of injury, 19   |     |
| O 16. BIRTHPLACE (city or town) - Hary Court (State or country)   | Where did injury occur?  |     |
| 17, INFORMANT Mrs. H. Dees,   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                   |     |
| (Address) Cheslereaux ned.  |  |     |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |     |
| Place Wasley Chapel Dete July 6, 19.3.5   | Nature of Injury   |     |
| 19. UNDERTAKER Chas. L. Dodd.   | 24. Was disease or injury in any way related to occupation of deceased?  |     |
| (Address) Chesterlain Md.   | If so, specify   |     |
| 20. FILED July 5, 19 3 3 W.J. Hek   | (Signed) Type M. M.  | D.  |
| Registrar.  | (Address) [Masterdanto . ] a.f.  |     |

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ogo                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| BUREAU V. S.   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

| 1. PLACE OF DEATH  County  Registration Dist. No. 202  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and nur  Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos.  | Ward                   |
|--|------------------------|
| Village or City No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and nur   | Ward                   |
| (If death occurred in a horpital or institution, give its NAME instead of street and nur   | mber)                  |
| (if death occurred in a norpital or institution, give its NAIVIE instead of street and nur   | mber)                  |
|  |                        |
| 2. FULL NAME George Teller   |                        |
| (a) Residence: No. 15 Alexa Oberes St., Ward.  |                        |
| (Usual place of abode)  (Usual place of abode)  If nonzesident give city or town and St  | iate                   |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |                        |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Sa. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) (Manth) (Day)   | 193 <b>3</b><br>(Year) |
| HUSBAND of (or) WIFE of Carbler 19.52, to Age 16   | ceased from            |
| 6. DATE OF BIRTH (month, day, and year) 1853 wellens i last saw have alive on beele, 15, 1935;   | death is said          |
| 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at  |                        |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   | Date of onset          |
| 9 Trade profession or particular   |                        |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (months and statements) this occupation (months and statements)  |                        |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |                        |
| yaar) occupation yaar)   |                        |
| Other Contributory Causes of Importance:   |                        |
| (State or country) Ho Races Gent Differ  |                        |
| 13. NAME  14. BIRTHPLACE (city or town)  Name of operation  Date of  |                        |
| 14. BIRTHPLACE (city or town) Date of Date of  |                        |
| What test confirmed diagnosis? Was there an ault   | opsy?                  |
| 15. MAIDEN NAME  23. If daath was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (State or country)   |                        |
| 5 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury  (State or country) Where did injury accur?   | , 19                   |
| Whera did injury occur?  (Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)   | Ε.                     |
| 18. BURIAL, CREMATION, OR REMOVAL Keul 6  Place Clius Nouse Taxus Date July 18, 193-3  Nature of injury  |                        |
| 19. UNDERTAKER 16 Pages Callor 24. Was disease or injury in any-way related to occupation of deceased? If so, specify 19. All Pages 19. All Pa |                        |
| 20. FILED July 18, 19.33 W.J. Julks (Signed) D. July Whalas & Registrar. (Address) Charles to the first of the state of th | M. D.                  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as gracery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1             | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Perilonitis  | 3 days ago   |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | (23)  |
|---|---|
| County Leuf   | Registration Dist. No.  |
| 2. FULL NAME Carrington // sl   | No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds How long in U.S. If of foreign birth? yrs. mos. ds.  St., Ward. |
| (a) Residence: No. (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDD WED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 22. JHEREBY CERTIFY, That I attanded deceased from 1972, to 1975  |
| 7. AGE Years Months Days If LESS than 1 day,hr  | to have occurred on the date stated above, at/_ A_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset                                 |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation |   |
| 12. BIRTHPLACE (city or town) Colemans hear (State or country) Workon m.d.  | Other Contributory Causes of importance:  |
| 14. BIRTHPLACE (city or town) June flored (State or country)  | Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?  |
| 15. MAIDEN NAME Every Coleman  16. BIRTHPLACE (city or town) Coleman  (State or country)  | 23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?   |
| 17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Coll Manual Mate July 9, 193   | Manner of injury  Nature of injury  |
| 19. UNDERTAKER 2 18 Ut sellows (Addiess) Still Foul med.  | 24. Was diseasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D   |
| 20. FILED 1990 A Registrar.   | (Address) & husbartany, mid   |

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

ä

TION is very important.) See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BURNAUIV.S.  | -             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |